

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5273

BIRTH NO.		REG. DIST. NO. 172		PRIMARY REG. DIST. NO. 4269		Registrar's No. 15	
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, write RURAL and give township) Corder		c. LENGTH OF STAY (in this place) 10 yr.		c. CITY (If outside corporate limits, write RURAL and give township) Corder		0540	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Ann		a. (First)		b. (Middle) Kendall		c. (Last)	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
2		19		50			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widow		8. DATE OF BIRTH Sept. 15, 1887		9. AGE (In years last birthday) 62	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) East St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Frank Stewart		13b. MOTHER'S MAIDEN NAME Arabella Crume		14. NAME OF HUSBAND OR WIFE Dr. Guy Medford Kendall			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME W. K. Stewart			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pontine hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Hypertension</u> DUE TO (c) <u>Chronic nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> <u>over 2</u> <u>years</u> <u>592X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 18, 1950</u> , to <u>Feb 19, 1950</u> ; that I last saw the deceased alive on <u>Feb 18, 1950</u> , and that death occurred at <u>4:15 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. K. Stewart</u>		(Degree or title)		23b. ADDRESS Higginsville, Mo.		23c. DATE SIGNED <u>2/20/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-22-50		24c. NAME OF CEMETERY OR CREMATORY Warrensburg		24d. LOCATION (City, town, or county) (State) Warrensburg Mo.	
DATE REC'D BY LOCAL REG. Feb 21-1950		REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u>		154 25. FUNERAL DIRECTOR'S SIGNATURE <u>Forest J. Ziefer</u>		ADDRESS Higginsville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-2-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Forrest R. Hoefler

Student Embalmer No. 354

working under my personal supervision.

Signed Forrest R. Hoefler
Student Embalmer

Signed Forrest R. Hoefler

Licensed Embalmer No. 4358

P. O. Address Higginsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.